## Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

13009

Application ID:

09683106

Title of Invention:

METHOD OF MAKING AN

IMPROVED PREFORM

First Named Inventor:

Kurt Ruppman

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

null

**Effective Receipt Date:** 

2001-11-19

Submission Type:

**Utility Patent Filing** 

Filing Type:

J

new-utility

Confirmation Number:

0

Attorney Docket Number:

P-A912

Digital Certificate Holder:

cn=Jeffrey Thomas Hubbard, ou=Registered Attorneys, ou=Patent

and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

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Total Fees Authorized:

\$370.0

Payment Category:

DA - Deposit Account

Deposit Account Number:

201123

Deposit Account Name:

Jeffrey T. Hubbard

## TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket

Number:

P-A912

Submission Type: Utility Patent

Filing

# METHOD OF MAKING AN IMPROVED PREFORM

First Named Inventor: Kurt Ruppman

SUBMITTED BY

Name:

II II

THE THE

Mr. Jeffrey T. Hubbard

Registration Number:

38923

Electronic Signature Mark: Jeffrey T.

.....

Hubbard

Date Signed: 20011119

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**Attached Files:** 

declaration

Declaration 1.tif

declaration

Declaration2.tif

bibd-transmittal

PA912apds.xml

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PA912fee.xml

specification

Attached Image File(s):

Declaration1.tif

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PTO/SB/01 (10-00)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR		Attorney Docket Number	P-A912	
		First Named Inventor	Kurt H. Ruppman, Sr	
		COMPLETE IF KNOWN		
		Application Number		
Declaration Submitted With Initial Filing  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date			
	Group Art Unit			
	Examiner Name			

As a be	As a below named inventor, I hereby declare that:						
My resi	My residence, mailing address, and citizenship are as stated below next to my name.						
l believ names	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
	Method of Making an Improved Preform						
		(	Title of the Invention)				
•	ecification of which						
	attached hereto OR		as I Inited S	States Application I	Number or PCT International		
	as filed on (MM/DD/YYYY)		350150	statee rippiioa			
Applica	ation Number	and was	amended on (MM/DD/Y)	m)	(if applicable).		
l hereb	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
in-part	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
	Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)		Certified Copy Attached? YES NO		
				0000	0000		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
	Application Number(s)	Filing Da	te (MM/DD/YYYY)	numbers supplem	al provisional application are listed on a ental priority data sheet /02B attached hereto.		
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[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application						
	tomer Number ar Code Label	2639	9	OR	Correspondence address below	
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Address						
Address			<b>.</b>			
City			State		ZIP	
Country	Telephon	e			Fax	
I hereby declare that all statements made are believed to be true; and further that the made are punishable by fine or imprison validity of the application or any patent issu	ese statements wer ent, or both, under	re made wi	th the kno	owiedde that Willi	ii taise statements and the like so	
NAME OF SOLE OR FIRST INVE	NTOR:		A petition	on has been file	ed for this unsigned inventor	
Given Name Kurt H. Family Name Ruppman Sections or Surname						
Inventor's Signature					Date 10-23-01	
Residence: City Dallas	` (1)	State T	x d	Country USA	Citizenship USA	
Mailing Address 1701 Plano Pa	arkway					
Mailing Address Suite 455 /C	0					
city Plano s	<sub>tate</sub> Texas		ZIP '	75074	Country USA	
NAME OF SECOND INVENTOR:			A petiti	on has been fil	ed for this unsigned inventor	
Given Name (first and middle [if any])			Family N			
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Mailing Address						
Mailing Address						
	tate		ZIP		Country	
Additional inventors are being named or		ntal Additio	nal Invent	tor(s) sheet(s) PT0	D/SB/02A attached hereto.	

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### FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

**Small Entity** 

 Independent Inventor

**TOTAL FEES AUTHORIZED: \$370** 

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

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Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name:

Jeffrey T. Hubbard

Electronic Signature Mark:

Jeffrey T. Hubbard

Date Signed:

20011119

### **BASIC FILING FEE**

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

#### **EXTRA CLAIM FEES**

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 17	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 42	0	\$ 0